

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 16-CR-14
DEFENDANT YOUNIS MOHAMMED AL JAYAB, ET AL.	TYPE OF PROCESS PRELIMINARY ORDER

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
MILWAUKEE, WI
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
APPROX. \$3,750 USC

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW PAUL L. KANTER, AUSA U.S. ATTORNEY'S OFFICE 517 E. WISCONSIN AVE. MILWAUKEE, WI 53202	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

PLEASE SEIZE ITEM

CATS: 14-FBI-008286, 15-FBI-007226, 007227 AND 007228

Signature of Attorney other Originator requesting service on behalf of: S/ Paul L. Kanter, AUSA (HK)	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 414-297-1700	DATE 1/31/17
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk 	Date 2/3/2017
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode				
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date 2/3/2017</td> <td>Time 3:08 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy </td> </tr> </table>	Date 2/3/2017	Time 3:08 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Signature of U.S. Marshal or Deputy 	
Date 2/3/2017	Time 3:08 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy 					

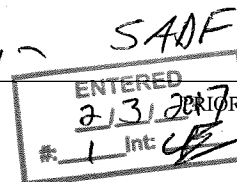
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

Executed, Asset in usms custody in SADF

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT



REVISIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00